

St. Francois County Health Center
P.O. Box 367
Park Hills, MO 63601
Phone 573-431-1947 Fax 573-431-7326

Personnel Application

"AN EQUAL OPPORTUNITY EMPLOYER"

DATE _____

PLEASE TYPE OR PRINT IN INK (ATTACH ADDITIONAL SHEETS IF NEEDED)

NAME: LAST FIRST MIDDLE MAIDEN - IF APPLICABLE

MAILING ADDRESS: STREET AND NUMBER/P.O. BOX, CITY, STATE, ZIP CODE COUNTY

TELEPHONE NUMBER - HOME/CELL TELEPHONE NUMBER - WORK SOCIAL SECURITY NUMBER

E-MAIL:

POSITION(S) APPLIED FOR OR PRESENT POSITION WITH DEPARTMENT OF HEALTH:

EDUCATION

HIGH SCHOOL OR GENERAL EDUCATION DEVELOPMENT (GED) TEST PASSED? YES NO (CIRCLE ONE)

SCHOOL NAME LOCATION (CITY AND STATE)

CIRCLE HIGHEST LEVEL OF EDUCATION COMPLETED. 1 2 3 4 5 6 7 8 9 10 11 12

POST HIGH SCHOOL TRAINING (COLLEGE, BUSINESS SCHOOL, MILITARY, ETC.)

NAME AND LOCATION	CREDITS EARNED		DEGREE TYPE	MAJOR/MINOR (ATTACH YOUR TRANSCRIPTS)
	QUARTER HOURS	SEMESTER HOURS		

COPY OF TRANSCRIPT/CERTIFICATE/LICENSE - MUST BE ATTACHED

CERTIFICATES/LICENSES

IF YOU ARE CURRENTLY CERTIFIED, REGISTERED, OR LICENSED TO PRACTICE A PROFESSION OR OCCUPATION, GIVE THE FOLLOWING

LICENSE/CERTIFICATE ISSUED BY	FIELD/TRADE SPECIALIZATION	LICENSE CERTIFICATE NUMBER	DATE OF ISSUE	EXPIRATION DATE

SKILLS

WHAT OFFICE EQUIPMENT CAN YOU OPERATE EFFICIENTLY? ALSO LIST SOFTWARE AT WHICH YOU ARE PROFICIENT.

PERSONAL DATA

CIRCLE ONE

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY JOB? YES NO

ARE YOU ABLE TO PERFORM THE "ESSENTIAL FUNCTIONS" OF THE JOB FOR WHICH YOU ARE APPLYING (WITH OR WITHOUT REASONABLE ACCOMMODATION)? YES NO

THIS QUESTION IS NOT DESIGNED TO ELICIT INFORMATION ABOUT AN APPLICANT'S DISABILITY. PLEASE DO NOT PROVIDE INFORMATION ABOUT THE EXISTENCE OF A DISABILITY, PARTICULAR ACCOMMODATIONS, OR WHETHER ACCOMMODATION IS NECESSARY. THESE ISSUES MAY BE ADDRESSED AT A LATER STAGE TO THE EXTENT PERMITTED BY LAW.

ARE YOU NOW EMPLOYED? YES NO

IF YES MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

LIST ALL SUCH CASES IN THE "REMARKS" SECTION AND IN EACH CASE GIVE:

- 1 THE DATE, COURT, AND COUNTY LOCATION
- 2 THE NATURE (TYPE) OF OFFENSE OR VIOLATION (STEALING, BURGLARY, ETC.)
- 3 THE PENALTY IMPOSED (DISPOSITION)

CONVICTION OF A VIOLATION OF THE LAW IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED ON ITS INDIVIDUAL MERITS; HOWEVER, FALSIFICATION OF THE APPLICATION WILL RESULT IN DISQUALIFICATION. (SUSPENDED EXECUTION OF A SENTENCE IS A CONVICTION).

REMARKS:

ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES NO

ARE YOU WILLING TO TRAVEL IF POSITION REQUIRES IT? YES NO

DO YOU HAVE TRANSPORTATION AVAILABLE IF YOUR JOB REQUIRES TRAVEL? YES NO

DATE AVAILABLE FOR WORK	WRITE YES IN THE POSITION YOU ARE AVAILABLE FOR BELOW		
	FULL-TIME	PART-TIME	TEMPORARY

MINIMUM STARTING SALARY WILL ACCEPT: _____

FROM WHAT SOURCE DID YOU LEARN OF THIS POSITION? _____

EMPLOYMENT RECORD (INCLUDING MILITARY SERVICE)

IMPORTANT: COMPLETE THE FOLLOWING BEGINNING WITH YOUR PRESENT EMPLOYMENT (OR IF UNEMPLOYED, YOUR MOST RECENT EMPLOYMENT). IF MORE THAN ONE POSITION WAS HELD WITH THE SAME EMPLOYER, LIST EACH POSITION SEPARATELY. ATTACH EXTRA SHEETS IF NECESSARY.

NAME OF COMPANY:			
ADDRESS:			
KIND OF BUSINESS		NAME AND TITLE OF SUPERVISOR	PHONE NUMBER
FROM (MO/YEAR)	TO (MO/YEAR)	BEGINNING SALARY	ENDING SALARY
JOB TITLE			
BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES			
REASON FOR LEAVING			

NAME OF COMPANY:			
ADDRESS:			
KIND OF BUSINESS		NAME AND TITLE OF SUPERVISOR	PHONE NUMBER
FROM (MO/YEAR)	TO (MO/YEAR)	BEGINNING SALARY	ENDING SALARY
JOB TITLE			
BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES			
REASON FOR LEAVING			

NAME OF COMPANY:			
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KIND OF BUSINESS		NAME AND TITLE OF SUPERVISOR	PHONE NUMBER
FROM (MO/YEAR)	TO (MO/YEAR)	BEGINNING SALARY	ENDING SALARY
JOB TITLE			
BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES			
REASON FOR LEAVING			

**GIVE NAMES OF THREE PERSONS, PREFERABLY BUSINESS OR PROFESSIONAL, AS REFERENCES
(NOT RELATIVES OR EMPLOYERS).**

FULL NAME	HOME/BUSINESS ADDRESS STREET CITY STATE	OCCUPATION/BUSINESS	TELEPHONE NUMBERS
2			
3			

PROVIDE ANY OTHER INFORMATION WHICH YOU BELIEVE MAY BE PERTINENT TO THE POSITION APPLIED FOR, SUCH AS SCHOLASTIC HONORS, VOLUNTEER WORK, MEMBERSHIP IN CIVIC ORGANIZATIONS, PUBLICATIONS, SPECIAL TRAINING NOT INCLUDED ABOVE, SPECIAL SKILLS, ETC.

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATIONS OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION AS TO A MATERIAL FACT, MY APPLICATION WILL BE REJECTED, AND I WILL BE DISMISSED FROM SERVICE.

_____ **SIGNATURE**

_____ **DATE**